

|  |            |             |
|--|------------|-------------|
| Fill in this information to identify your case:                          |            |             |
| Debtor 1   | Amor       | Alloui      |
|  | First Name | Middle Name |
| Debtor 2<br>(Spouse, if filing)  | First Name | Middle Name |
|  |            | Last Name   |
| United States Bankruptcy Court for the: Eastern District of Pennsylvania |            |             |
| Case number<br>(if known)  | 18-16541   |             |

FILED

2019 MAR 15 AM 10:16  
U.S. BANKRUPTCY COURT

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 PFHA

Describe the property that secures the claim:

44 Arlington Street, Reading, PA 19611

| Column A<br>Amount of claim<br>Do not deduct the<br>value of collateral. | Column B<br>Value of collateral<br>that supports this<br>claim | Column C<br>Unsecured<br>portion<br>If any |
|--|--|--|
| \$ 71,000.00   | \$ 94,547.00   | \$ 24,447.00                               |

Creditor's Name  
211 NORTH FRONT STREET  
Number Street  
HARRISBURG, PA 17101

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

2.2

Last 4 digits of account number \_\_\_\_\_  
Describe the property that secures the claim: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name  
Number Street  
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ \_\_\_\_\_

Fill in this information to identify your case:

|  |                    |             |                     |
|--|--------------------|-------------|---------------------|
| Debtor 1   | First Name<br>Amor | Middle Name | Last Name<br>Alloui |
| Debtor 2<br>(Spouse, if filing)  | First Name         | Middle Name | Last Name           |
| United States Bankruptcy Court for the: Eastern District of Pennsylvania |                    |             |                     |
| Case number<br>18-16541<br>(If known)                                    |                    |             |                     |

FILED

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U.S. BANKRUPTCY COURT

Check if this is an  
amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim<br>amount | Priority<br>amount | Nonpriority<br>amount |
|-----------------------|--------------------|-----------------------|
|-----------------------|--------------------|-----------------------|

2.1 Priority Creditor's Name \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

#### Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

2.2 Priority Creditor's Name \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

#### Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Debtor 1 Amor Alloui

Case number (if known) 18-16541

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 NATIONAL RECOVERY AGENCY  
 Nonpriority Creditor's Name  
 2491 PAXTON ST  
 Number Street  
 HARRISBURG, PA 17111  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

4.2 NATIONAL RECOVERY AGENCY  
 Nonpriority Creditor's Name  
 2491 PAXTON ST  
 Number Street  
 HARRISBURG, PA 17111  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

4.3 NCB MANAGEMENT SERVICES INC  
 Nonpriority Creditor's Name  
 1 ALLIED DR # DT  
 Number Street  
 TREVOSSE, PA 19053  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_ \$ 180.00  
 When was the debt incurred? 02/03/2015

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

Last 4 digits of account number \_\_\_\_\_ \$ 58.00

When was the debt incurred? 02/03/2015

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

Last 4 digits of account number \_\_\_\_\_ \$ 2,298.00  
 When was the debt incurred? 06/30/2016

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit card

Debtor 1

Amor

First Name

Middle Name

Last Name

Case number (if known) 18-16541

**Part 4:****Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

|                                 |  | <b>Total claim</b>      |
|---------------------------------|--|-------------------------|
| <b>Total claims from Part 1</b> | <b>6a. Domestic support obligations</b>  | 6a. \$ _____ 0.00       |
|                                 | <b>6b. Taxes and certain other debts you owe the government</b>  | 6b. \$ _____ 0.00       |
|                                 | <b>6c. Claims for death or personal injury while you were intoxicated</b>  | 6c. \$ _____ 0.00       |
|                                 | <b>6d. Other.</b> Add all other priority unsecured claims.<br>Write that amount here.                              | 6d. + \$ _____ 0.00     |
|                                 | <b>6e. Total.</b> Add lines 6a through 6d.   | 6e. \$ _____ 0.00       |
|                                 |  | <b>Total claim</b>      |
| <b>Total claims from Part 2</b> | <b>6f. Student loans</b>   | 6f. \$ _____ 0.00       |
|                                 | <b>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b> | 6g. \$ _____ 0.00       |
|                                 | <b>6h. Debts to pension or profit-sharing plans, and other similar debts</b>                                       | 6h. \$ _____ 0.00       |
|                                 | <b>6i. Other.</b> Add all other nonpriority unsecured claims.<br>Write that amount here.                           | 6i. + \$ _____ 2,536.00 |
|                                 | <b>6j. Total.</b> Add lines 6f through 6i.   | 6j. \$ _____ 2,536.00   |